PTO/S8/80 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMS control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO	
I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73 (b).	
I hereby appoint:	
Practitioners associated with Customer Number	34313
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 1.73(b).	
I hereby authorize the U.S. attorneys and/or agents named hereinabove to accept and follow instructions from Mr. Matthew Read, Venner Shipley LLP, 20 Little Britain, London EC1A 7DH, United Kingdom, Tel. No.: 011-44-20-7600-4212, Fax No.: 011-20-7600-4188, email: mread@vennershipley.co.uk as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and/or agents and me. In the event of a change in the person(s) from whom instructions may be taken I will so notify the U.S. attorneys and/or agents named herein.	
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:	
The address associated with Customer Number: 34313	
Assignee Name and Address:	
Money Controls Limited Coin House, New Coin Street, Royton Oldham OL2 6JZ, Great Britain	
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.	
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee	
Signature	1/4/08
Name MALCOLIN BELL Teleph	one (0161-678-011)